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CONFIRMATION NO. 1076

SERIAL NUMBER 10/047,450	FILING DATE 01/14/2002 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 5236-000296
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APPLICANTS

Rogers C. Ritter, St. Louis, MO;

Torrey Munger, Richmond Heights, MO;
 John Rauch, St. Louis, MO; Andrew F. Hall, St. Charles, MO;
 Roger N. Hastings, Maple Grove, MN;

** CONTINUING DATA ***** WJ

** FOREIGN APPLICATIONS ***** WJ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>WJ</i>	MO	5	48 10	8 1

ADDRESS

Bryan K. Wheelock
 Harness, Dickey & Pierce, P.L.C.
 Suite 400
 7700 Bonhomme
 St. Louis, MI
 63105

TITLE

Method of localizing medical devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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